

DECLARATION FOR NOMINATION

State at Large:

United States Senator, United States Representative, Secretary of State, Attorney General, State Auditor,
State Superintendent of Public Instruction, Clerk of the Supreme Court **13-10-201, MCA**

To the Honorable Secretary of State of the State of Montana, and to the Members of Said Party and to the Electors of the State of Montana:

I, the undersigned citizen of the United States of America and resident of the State of Montana, declare pursuant to Section 13-10-201, Montana Code Annotated, that I am a candidate for nomination by the _____ Party for the office of _____ in the State of Montana at the primary nominating election to be held in said state on _____, and for such purpose do affirm that I possess the qualifications prescribed by the Constitution and laws of the United States and the State of Montana for the office herein named, and that:

1. My full name as it is to appear on the ballot is: _____
2. My mailing address is: _____
3. City, State and Zip Code _____ Phone: Home _____ Work _____
4. My E-mail address is: _____ My Website address is: _____
5. I submit herewith the statutory filing fee of \$ _____.

DATE _____, 20 _____
(Signature of Candidate)

Candidate must sign and acknowledge before a Notary Public if mailed, or before the Secretary of State or Deputy if delivered in person.

STATE OF MONTANA)
County of _____)

On this _____ day of _____, 20 _____, before me, personally appeared the above named candidate, known to me or proved to me to be the person whose name is subscribed to the above declaration, and acknowledged to me that he/she executed the same.

SEAL

Notary Public for the State of Montana

Printed Name of Notary Public
Residing at _____
My Commission Expires _____, 20 _____
By: _____
Deputy (if not notarized)

Submit to the Secretary of State, PO Box 202801, Helena, MT 59620-2801, with the required fee.

**FOR
OFFICE
USE ONLY**

Filed on _____ under document number _____ for
Secretary of State, by _____, Deputy or Filing Officer.